

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION, HEALTH SERVICES DIVISION  
103 DOC 620  
SPECIAL HEALTH CARE PRACTICES

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620.01      Health Promotion and Disease Prevention

The Health Services Division shall ensure that through the contractual medical provider all staff and inmates receive ongoing educational programs and materials regarding the management, control, treatment, and prevention of serious and infectious diseases.

1. The contractor shall provide inoculations for immunizations periodically as deemed necessary by the Director of Health Services in conjunction with the program medical director of the contractual medical provider. The contractual medical provider shall offer hepatitis B vaccines and annual tuberculosis testing to Department personnel and contractual employees.
2. The medical director or contractual Health Services Administrator of each facility shall be responsible for providing inmates with sufficient information about illnesses in order to promote their understanding and participation in the treatment process, and with instructions for self-care related to chronic diseases or disabilities. Subjects for inmate health education shall include, but not be limited to:
  - Personal Hygiene
  - Dental Hygiene
  - Physical Hygiene
  - Nutrition
  - Obesity
  - Diabetes, signs/symptoms of, hypoglycemia - hyperglycemia
  - Counseling regarding importance of therapeutic diet
  - Disabilities
  - Hypertension detection
  - Self-exam for breast and testicular cancer
  - Tuberculosis and other communicable diseases, i.e. HIV, Hepatitis, Ectoparasites, sexually transmitted diseases
  - Effects of smoking
  - Substance abuse
  - Drug abuse and danger of self-medication
  - Prevention of sexual and other physical violence

- Counseling in preparation for release
  - Comprehensive family planning
3. The Director of Health Services in conjunction with the program medical director of the contractual medical provider shall be responsible for organizing health education and training programs for DOC staff. Topics shall include but not be limited to the following: management, control, treatment and prevention of serious and infectious diseases; lifestyles related to major health problems; self-care for common medical problems; suicide prevention and intervention; the importance of rigorous compliance with prescribed dietary and medical regimens and selected disease topics.

#### 620.02 Emergency Medical Care

In addition to providing emergency medical care to all inmates the contractual medical provider shall provide emergency medical care for all personnel and agency employees in the event of accidents or incidents requiring emergency medical response. In addition, the provider is responsible for the emergency medical care provided to all visitors and any other persons on site at the facilities. After the emergency, the provider may refer such personnel and agency employees, visitors and other persons to outside medical doctors or facilities, or to be followed by such persons' own physicians. The provider shall not be responsible for any routine health care for personnel, agency staff, visitors or other persons on site at the facilities.

Requests for medical attention shall be assessed and processed according to American Correctional Association and National Commission on Correctional Health Care guidelines.

#### 620.03 Special Needs Treatment Plan

The Division of Health Services shall ensure that the contractual medical provider implements written policies and procedures making special needs care available for all inmates. The contractual medical director, attending physician or Health Services Administrator (HSA) at each facility shall be

responsible for developing a written treatment plan for each individual who has special needs requiring close medical supervision, including chronic care, convalescent care, care for those with serious communicable diseases, e.g., HIV, HCV, TB..., care for elderly/frail inmates; terminally ill care, and care for serious Mental Health needs and developmentally disabled inmates. The plan will include short-term and long term goals, adaptation to the correctional environment, the specific interventions, instructions about diet, exercise, medication, the type and frequency of laboratory and diagnostic testing, the frequency of follow-up for medical evaluation and provisions for referral to supportive and/or rehabilitative services when necessary. The Health Services Division will ensure that treatment plans are developed by the contractor.

1. Each contractual HSA shall, in conjunction with the medical director or attending physician, establish an up-to-date listing of all inmates who have been diagnosed as having special needs and of all inmates who have a special needs treatment plan, e.g., diabetes, cardiovascular disease, asthma, seizure disorders, etc. Inmates shall be placed on this special needs list by the attending physician, and shall be minimally seen on a quarterly basis. Instructions in self-care for inmates with special medical needs shall be provided on an on-going basis at the regularly scheduled follow-up visits.
2. The planning for convalescent care for inmates at outside hospitals shall be arranged via physician-to-physician consultation between a contractual physician and the attending physician of the sending medical facility or hospital. Following the consultation a special needs treatment plan shall be written as indicated. This consultation shall occur prior to transfer or discharge for the purpose of determining the proper medical placement for inmates requiring close observation during post-operative recovery, or recovery from other illness or injury. When transferring an inmate to a facility other than the one to which he or she was assigned, security considerations will always be given priority.

3. The listings required in subsection 1 of 620.03 shall be provided to the Director of Health Services or designee upon request.

#### 620.04 Programs for Female Inmates

The division of Health Services shall ensure that the contractual medical provider shall establish written procedures for providing female inmates access to obstetrical/gynecological medical care, including pregnancy management specifically as it relates to pregnancy testing, routine prenatal care, high risk prenatal care, management of the chemically addicted pregnant inmate, and postpartum follow up. The contractual medical provider will have a written policy and defined procedures that will require that comprehensive counseling and assistance are given to pregnant inmates in keeping with their express desires in planning for their unborn children.

1. Upon the determination of pregnancy, the Health Services Administrator or designee shall notify the appropriate facility contractual social worker in order to arrange access to the appropriate counseling services. The contractual medical provider shall develop a treatment plan in accordance with 620.03 and have written procedures to ensure that regular prenatal care is received including medical examinations, advice on appropriate levels of activity and safety precautions, nutrition guidance and counseling.
2. In the event that a pregnant inmate requests to terminate her pregnancy, the inmate shall be referred to appropriate counseling services. Neither the DOC nor the contractual medical provider shall be responsible for payment for abortion services unless deemed medically necessary by a physician.

#### 620.05 Programs for Disabled Inmates

The Department of Correction shall provide housing and programs for disabled inmates in accordance with Department policy 103 DOC 108, Program/Facility Access

for Handicapped/ Disabled Persons and 103 DOC 207, Institution Policy on Special Accommodations for Inmates. These inmates shall be referred for appropriate evaluation and follow-up care. A Treatment plan, in accordance with 620.03, shall be established through the contractual medical provider and/or the Department and shall include, but not be limited to, the following:

1. medical evaluation on a case by case basis, including all testing, diagnostic, and treatment procedures, optometric evaluations, and periodic examinations deemed necessary by the attending physician;
2. dental evaluations as deemed necessary by the attending dentist;
3. mental health evaluations as deemed necessary by the mental health contractual staff;
4. all necessary prosthetics, special medical supplies, (special shoes, crutches, wheelchairs, etc.) which are clinically indicated;
5. consultations for the provision of therapeutic diets;
6. access to speech and audiological evaluation services;
7. outpatient and inpatient treatment services as clinically indicated, including supportive and rehabilitative services.
8. except in an emergency, there will be a consultation between the superintendent or designee and the responsible physician or designee regarding housing (i.e. need for single cell, handicap cell), program assignments, and admissions to and transfers from facilities prior to any action being taken. When emergency action has been required, the consultation will occur no later than the next working day so as to review the appropriateness of the action.

620.06      Chemical Dependency and Detoxification

The contractual medical provider shall have written policy and defined procedures regarding the clinical management of chemically dependent inmates for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. This policy and procedures shall be inclusive of inmates committed to Massachusetts Alcohol & Substance Abuse Center. Inmates at risk for progression to more severe levels of intoxication or withdrawal will be transferred to the infirmary at MCI Shirley or Souza Baranowski Correctional Center and kept under constant observation by qualified professionals. Female inmates at MCI Framingham shall be treated in that facility's Health Services Unit. In the event of a more severe level of intoxication or withdrawal inmates shall be transferred to acute care hospitals. Detoxification shall be conducted only under medical supervision in accordance with local, state, and federal laws.

1. Inmates experiencing severe, life-threatening intoxication (overdose) or withdrawal will be immediately transferred to a licensed acute care facility.
2. The diagnosis of chemical dependency shall be determined only by a physician. Information on substance abuse programming can be found in DOC policy 103 DOC 445, Substance Abuse Programs.
3. When deemed appropriate, provisions are made for referral to specified community resources upon release.

620.07      Forensic Information

Generally, the medical provider for inmate health care shall not be involved in the collection of forensic information. When the need occurs for collection of such information, the superintendent or his designee shall contact the Director of Health Services or designee who will arrange for an independent medical contractor to collect this information.

The medical provider may be involved in the following:



1. Court-ordered laboratory test or radiology procedures with the consent of the inmate.
2. In cases of sexual assault, evidence may be taken for forensic purposes with the consent of the inmate-victim.
3. Each facility, which utilizes a urine surveillance program for substance abuse shall have written procedures that guide the method of sample collection and interpretation of test results, as required by 103 DOC 525, Inmate Substance Abuse Testing, Sanctioning and Treatment Interventions. Urine surveillance programs are not considered a medical service and are the responsibility of the superintendent or designee. Medical staff shall not be involved in this process.

620.08     Therapeutic Medical Diets

Therapeutic medical diets shall be available to all inmates upon the written prescription of a contractual physician or dentist.

1. The contractual medical provider shall develop written procedures regarding the provision of therapeutic medical and dental diets consistent with 103 CMR 761, Access to Therapeutic Diets and Medical Care.
  - a. Menus for therapeutic medical diets will be developed by contractual dietitians. These menus should conform to the Department's cycle menu as closely as possible and be consistent with 103 CMR 761.07, §1 and with the American Dietetic Association.
  - b. Therapeutic diet menus will be reviewed by the dietitians at a minimum of every six months or whenever a substantial change is made in the Department cycle menu.
  - c. Orders for therapeutic diets, written by a contractual physician or dentist, shall be transcribed in a timely manner by

contractual medical staff and submitted on an approved diet order form to the facility Food Services manager/supervisor (see Attachment C).

- d. At sites utilizing IMS, information regarding diet - shall be entered on the Medical Orders Screen instead of the diet order form. This action will automatically notify Food Services of the diet order.
  - e. Individual therapeutic medical diet orders will be reviewed at least every 30 days by a contractual physician. Diet orders shall not be altered or discontinued without a physician order.
2. Each superintendent will develop written procedures for the preparation and provision of therapeutic medical diets. These procedures shall be consistent with 103 CMR 761, Access to Therapeutic Diets and Medical Diets.
- a. When preparing therapeutic diet meal orders, each facility's food service personnel will follow the therapeutic diet menus developed by the contractual dietitian. Food service staff must weigh or measure food portions when required by the therapeutic diet menu.
3. Any changes or substitutions shall be in accordance with substitution guidelines approved by contractual dietitians and shall be documented in writing.
- a. Therapeutic diet orders shall not be altered or discontinued without an order by the contractual physician. A copy of each therapeutic diet menu order will be retained by the facility for review by the dietitian at least every 30 days.
  - b. Reasonable variances will be authorized by the superintendent or designee when medically necessary to ensure access to and compliance with therapeutic diet orders. Variances may include, but not be limited

to, receiving snacks as ordered by a contractual physician, accommodations necessary to ensure diabetic inmates sufficient time to monitor blood sugar levels, receive insulin and meals in a timely manner.

#### 4. Access to Therapeutic Diets

- a. Each superintendent shall develop written procedures to insure that therapeutic diets - - are continued when an inmate is placed in segregation, on awaiting action status, alternate feeding status, and during facility lockdowns, except when to do so is precluded because of an emergency situation. The institution shall provide written documentation in cases of emergencies that preclude the distribution of therapeutic diets.
- b. Requests for medical attention, including therapeutic diets, shall be assessed and processed according to American Correctional Association and the National Commission on Correctional Health Care guidelines.
- c. At sites utilizing IMS, information regarding therapeutic diets - shall be entered on the Medical Orders Screen. This action will automatically notify Food Services of the diet order.
- d. Upon receipt of a diet order form (see Attachment C) or an IMS notification the facility food service manager/supervisor will ensure the diet ordered is provided in a timely manner and is of comparable palatability to regular cycle menu meals.
- e. An inmate with a prescribed therapeutic diet order will present his/her Department identification card to food service personnel in order to receive the meal ordered. At that time the inmate will sign a diet roster with his/her full name.

## 5. Compliance Procedures

- a. The Food Service Manager is responsible to insure that Food Service staff maintain daily records of inmate compliance with medically ordered therapeutic diets. A copy of all compliance records will be given to the contracted dietitians once a month.
- b. Non-compliance with therapeutic diet orders for seven out of 21 consecutive meals will be reported to the Health Services Administrator (HSA). The HSA will arrange for the non-compliant inmate to be counseled by a member of the medical staff within a reasonable time. Documentation of all counseling will be written in the inmate's medical record.
- c. If non-compliance with therapeutic diet orders continues, the Food Service Manager must notify the HSA. The HSA will refer the inmate to the dietitian for consultation and counseling within a reasonable time. Consultation and counseling will be documented in the inmate's medical record.
- d. Should an inmate continue to refuse to comply with therapeutic diet orders consistent with 103 CMR 761, after counseling with contractual medical staff and dietitian, the Food Service Manager will notify the HSA. The Health Services Administrator will request that the inmate sign a release of responsibility form (see Attachment C) and will have the form witnessed. If the inmate refuses to sign the refusal of treatment form, two witnesses will sign the form, one of whom is contractual medical staff.
- e. After refusing to comply with a therapeutic diet, an inmate may ask the HSA to arrange to have the diet resumed following procedures regarding access to therapeutic diets.

- f. Inmates will not be subject to disciplinary proceedings solely for non-compliance with therapeutic diets.

Inmates who have therapeutic diet orders will be subject to disciplinary proceedings for giving away, trading or selling any portion of their meals.

#### 6. Intra system Transfer Procedures

Therapeutic diets should continue uninterrupted when an inmate is transferred to a different DOC facility, unless the receiving facility physician determines it is unnecessary after review of the inmate's medical record.

An Intra system Transfer Form (See Attachment C) that indicates the specific therapeutic diet and medications prescribed, will be sent to the receiving facility HSU with the inmate's medical record. The Health Services Administrator is responsible for promptly notifying the Food Service Manager of dietary requirements via a Diet Order Form. When an inmate transfers from one IMS site to another, the health services administrator is responsible to promptly notify the food services manager/supervisor that the transferred inmate has dietary requirements. The food services manager/supervisor shall obtain the specific information from the IMS.

#### 7. Procedures for Inmate Complaints Regarding Access to Therapeutic Diets

- a. Each superintendent shall develop written informal and formal procedures for resolving inmate complaints regarding the provision of therapeutic diets and access to medical care. These procedures shall conform to the requirements of 103 CMR 761, Access to Therapeutic Diets and Medical Care, governing processing of inmate complaints.
- b. If a formal complaint is referred to the Director of Health Services, appropriate action shall be taken, up to and including

referral of the complaint to the Department's Senior Medical Consultant, as determined by the Director of Health Services.

620.09 Food Monitoring Procedures

Each superintendent shall establish written procedure to be followed in the event of an inmate's refusal to eat. If correctional staff observes that an inmate is on a hunger strike they shall notify the Health Services Administrator or designee. Department staff shall observe and report to the HSU if the inmate has any commissary food items and any private food supplies in his cell.

When an inmate refuses to either eat or drink for more than 24 hours the following guidelines shall be followed:

1. The inmate shall be evaluated in a HSU by contractual medical staff. This evaluation shall include:
  - a. vital signs (temperature, pulse, respirations and blood pressure);
  - b. weight
  - c. Mental Health review, which shall be conducted by appropriate Mental Health staff. Daily Mental Health evaluations shall be conducted for the duration of the hunger strike. These evaluations should be documented in the mental health section of the inmate's medical record.
2. A standardized vital sign/food monitoring form shall be developed by the contractual medical provider and approved by the Director of Health Services. Correctional staff shall monitor any food or liquid intake by the inmate during this period and report their findings to the medical staff who will record the information on the monitoring form. Meals will be presented three times daily and an adequate supply of water shall be made available.

3. The inmate shall be offered vital sign monitoring by a member of the contractual medical staff on a daily basis (or more often if indicated). Vital signs or the inmate's refusal shall be documented in the medical record by the contractual medical staff and witnessed.
4. The inmate's medical record shall be reviewed by the attending physician to determine any changes in prescribed medication and to assess the need for moving the inmate from his/her current housing assignment to an HSU for closer observation.
5. The inmate will be evaluated by a physician as medically indicated. After five days of monitoring, he/she must be evaluated by a physician.
6. The Director of Health Services or designee and the superintendent or designee must be notified of all incidents of an inmate's refusal to eat and/or drink for periods exceeding 24 hours. -
7. At facilities which do not maintain an HSU, the superintendent or designee shall contact the contractual HSA or the DOC Health Services Regional Administrator assigned to their facility to determine whether transfer to another Department facility is warranted.
8. The Director of Health Services or designee and the superintendent or designee must be notified when an inmate resumes eating.

620.10 Food Service Workers

All employees and inmates who are involved in the preparation of food shall be subject to the same laws and/or regulations as food service workers in the community where each facility is located. In addition, each superintendent or designee shall ensure that all facilities adhere to 103 DOC 750, Hygiene Standards, and DPH 105 CMR 451.169 and 590.08-.11, Minimum Health and Sanitation Standards, which apply to food services personnel (see Attachment A). All health and sanitation codes are to be strictly followed to ensure

the health and welfare of employees and inmates. Instructions to employees and inmates in order to educate them to these standards shall be conducted by the food services manager/supervisor.

1. Pre-employment/Annual Medical Screening

Each superintendent or designee shall ensure that all new food services employees and inmate food handlers are medically cleared by contractual medical staff prior to employment and then on an annual basis. A form shall be developed by the contractual medical provider and approved by the Director of Health Services to report medical status of food handlers. This form shall be kept in the inmate medical records or employee files and a copy sent to the food services manager. Facilities which do not maintain a Health Services Unit shall refer these individuals to a nearby DOC HSU for a medical screening. At IMS sites, medical staff will receive an IMS notification when inmates require medical clearance. Medical staff will note medical clearance on IMS screen, "Review and Assign Inmate Screen". No individual shall be allowed to provide food handling services and no inmate cadre workers shall be transferred for food handling duties without obtaining medical clearance in advance.

- a. The medical screening for both inmates and employees shall be performed by the contractual medical staff. This screening shall consist of a medical history along with a Mantoux test for Tuberculosis.
- b. If the results of medical screening are negative, the contractual medical staff performing the screen shall forward a report to the superintendent or designee of the facility where the individual is to be employed. The HSA shall provide the superintendent or designee with a report stating that the individual has been medically cleared for employment and, in the case of an inmate, shall retain a copy in the inmate's medical record .



- c. If any results of the medical screening are problematic, the following procedure shall be followed:
  - i. Inmate Workers: the Health Services Unit staff will perform further diagnostic and/or treatment services as determined to be medically appropriate by the physician. No inmate shall begin employment in the food services area until he/she is medically cleared.
  - ii. Employees: employees shall be referred to their personal health care provider for further testing and/or treatment. The contractual medical staff at the Health Services Unit that performed the initial screening shall provide the individual with any appropriate medical information. Following successful testing and/or treatment, the individual shall be required to release to the superintendent documentation that he or she has been cleared for return to work as a food handler. Such documentation must be signed by a physician.
- d. Following employment, all food handlers shall be required to have a medical screening on an annual basis, following a., b., and c. above. It shall be the responsibility of the superintendent to maintain the appropriate personnel records to ensure that all food handlers receive the annual screening.

2. Health Monitoring of Food Services Personnel

- a. Each superintendent or designee shall be responsible for monitoring the health and cleanliness of all food handlers on a daily basis. Individuals who present the following symptoms shall be prevented from working in a food handling capacity until medically

cleared by the contractual medical staff of the Health Services Unit:

- i. active acne;
  - ii. diarrhea;
  - iii. productive cough, wheezing, or acute respiratory infection;
  - iv. infected sores, boils (individuals wearing bandages on their hands shall be required to wear gloves while - food handling);
  - v. any communicable disease that can be transmitted through the process of food handling.
- b. Inmate workers presenting the above symptoms shall be referred to the appropriate Health Services Unit for diagnosis and/or treatment. The Health Services Unit staff must forward a medical clearance report to the superintendent or designee before the individual is allowed to return to work.
- c. Department employees presenting the above symptoms shall be referred to the appropriate HSU for diagnosis. When additional treatment is required, the individual shall be referred to his/her personal health care provider along with any appropriate medical information. The employee shall provide the superintendent or designee with a medical clearance report upon receipt of evidence that the medical condition has been resolved. Said report shall be signed by a physician.
- d. Each superintendent or designee shall ensure the adequate documentation of the occurrence of all such health problems and their resolution.

620.11 Reasonable Variances

Reasonable variances from institutional rules or practice must be authorized when necessary to accommodate the medical needs of inmates. Each

superintendent, in conjunction with his/her Health Services Administrator, will develop procedures to:

1. Allow authorized inmates access to the Health Services Unit/staff for the purpose of checking blood levels and to receive insulin prior to meals if needed. Procedures should address the need for inmates to eat promptly after receiving an insulin injection.
2. Allow authorized inmates to retain a reasonable amount of snacks and/or sugar in his/her cell.
3. Offer unsweetened, low fat snacks for purchase in the inmate canteen.
4. Require the review and compliance with special medical orders as written by physicians, e.g., bottom bunk placement, blankets, sneakers, temporary restraint restrictions. In the event that a Superintendent has operational or security concerns, she/he may contact the Director of Health Services who will arrange for a review of the special need by the medical director.
5. Also see 620.08, §2.c. of this policy regarding variances having to do with therapeutic diets.

#### 620.12 Health Care Proxy Guidelines

MGL c. 201D states that every competent adult has the option of appointing a health care agent who is responsible for making health care decisions on his/her behalf, in the event that he/she is unable to make or communicate those decisions to the health care provider. The person chosen is referred to as a health care agent.

These guidelines are not a mandate that all inmates are to have health care proxies, nor is this a substitute for a "do not resuscitate" (DNR) order. Inmates are to be informed that their health care will not be interrupted should they choose not to complete a health care proxy.

Each Superintendent in conjunction with the contractual medical provider shall designate a person

(designated trainer) to explain and inform inmates of the Health Care Proxy process. This may be an additional assignment and does not have to be a health care provider. This person shall be trained as to the duties and legal obligations with respect to the Proxy law.

1. Upon admission to MCI Concord or Framingham every inmate will be informed by the designated trainer of the option to complete a health care proxy. If the inmate decides to complete a health care proxy, copies will be made and distributed by the designated trainer to the inmate, the health care agent, and DOC Health Services Division. Copies will also be placed in the mittimus and in the medical record. Only competent persons, 18 years of age or older are qualified to execute a health care proxy. The form now utilized by the Department of Public Health (DPH) at the Lemuel Shattuck Hospital (LSH) will be the standard form for all such requests and will be available in English and Spanish (See Attachment B).

- Individuals identified as the Health Care Agent shall be documented on the IMS "Inmate's Family Information" screen via the medical authorization field.

2. Inmate/patients should be encouraged to designate an alternate health care agent. Such an alternate health care agent may serve when the designated health care agent is not available, willing or competent to serve and the designated health care agent is not expected to become available, willing or competent to make a timely decision given the inmate/patient's medical circumstances; or the health care agent is disqualified from acting on the inmate/patient's behalf. Individuals identified as alternate health care agents shall also be documented on the IMS Inmate's Family Information screen via the medical authorization field, and a notation made in the comments field that the individual is an alternate.
3. Upon admission to any of the Department infirmaries the medical record will be reviewed

for the presence of a health care proxy form by the interviewing health care provider. If there is no form, the interviewing health care provider will inquire as to whether the inmate/patient has completed the health care proxy. The interviewer will also inform the inmate/patient if he/she is unaware of the process. The inmate/patient will be provided the opportunity to complete a health care proxy if he/she desires. If the inmate/patient requests a proxy, the above mentioned process is to be followed, i.e., notify the designated trainer and refer inmate to the trainer.

4. The medical provider shall have protocols or procedures in place for health care proxies in accordance with the requirements of MGL c 201D. The medical provider shall inform outside hospitals of the inmate's/patient's proxy status upon transport to a clinic or admission to the hospital.
5. The superintendent or his/her designee, in conjunction with the HSA, shall establish procedures to contact health care agents in the event that the inmate is declared incompetent by the attending physician.
6. The inmate/patient must be informed that if they want to write limitations on treatment they may do so on the health care proxy form. These comments may help guide health care agents and health care providers in the event that the inmate/patient is ever rendered incompetent to make medical treatment decisions.
7. Inmates should be encouraged to discuss their health care wishes in advance with the health care agents and, if possible, to have the health care agent sign the back of the form.

DEPARTMENT OF PUBLIC HEALTH 105 CMR 451.169 AND 105 CMR 590.00

STATE SANITARY CODE CHAPTER X MINIMUM  
SANITATION STANDARDS FOR FOOD ESTABLISHMENTS

These regulations apply to every correctional facility operated by the Department of Correction under the authority of Massachusetts General Laws.

451.169 Report of Communicable Disease Hazard to Department

The superintendent or administrator, when he knows or has reason to believe that any employee or inmate has contracted any disease in a communicable form transmissible through food or water or has become a carrier of such disease, shall immediately notify the Department.

THE SPANISH VERSION OF THE HEALTH CARE PROXY, THE DIET ORDER FORM INTRA-SYSTEM TRANSFER FORM AND RELEASE OF RESPONSIBILITY FORM HAS BEEN FORWARDED SEPARATELY FROM THIS POLICY. PLEASE CONTACT YOUR INSTITUTIONAL POLICY COORDINATOR OR HSU FOR COPIES.